# BULLETIN

of the

## MAHONING COUNTY MEDICAL SOCIETY

*Volume LVI* *Number 4*

APRIL, 1986

## Officers and Council



**1986 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1986**

| Tuesday | Tuesday | Tuesday | Tuesday | Tuesday | Tuesday |
|---|---|---|---|---|---|
| Jan. 14 | Mar. 18 | May 20 | Sept. 16 | Nov. 18 | Dec. 16 |

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APRIL, 1986



## Advertiser List

# From the Desk of the President

Several years ago a friend of mine, worried that his practice was not contemporary, decided to have it evaluated by a professional medical practice analyst. Approximately $5,000 later he was given specific recommendations; some of which were new and some of which were things he knew but had never taken the time to initiate. In the summary he received, however, was a classification of the essentials of a good practice which seemed common sense to him. He felt like he asked someone for the time, they asked him for his watch and then told him the time.

This editorial is designed to save each of you $5,000. As I organized my thoughts on the essentials of a good practice, as they were relayed to me, a new word, P.E.A.C.E., came to mind. This can be added to the jargon of alphabet medicine.

P — stands for psychology. That is the conveying to the patient of a sense of comfort and confidence in the diagnostic, therapeutic and personalization of services rendered. As we all know, confidence in the doctor is still an essential to the good medical practice, at times. High patient confidence in the doctor and his services alone is all that is necessary to provide reassurance. The marketing planners of alternative provider organizations know this well. It seems that many of the prepaid plans advertise their caring as much as their concrete services.

E — Efficiency. This is where the greatest change in medicine occurs today. Though there is still a need for defensive medicine until protective physician liability legislation is enacted, there is still room for all of us to reflect on ways to keep our patients expenses down both in the outpatient and inpatient setting.

A — Availability. Not only must a physician be prepared to provide instantaneous availability to his patients on a 24-hour basis, he must also provide availability in the office to accommodate the acutely ill. He must know appointment systems to keep patients from waiting long periods of time and to prioritize the patients according to illness. Patients like their time respected also.

C — Competence. The contemporary physician must constantly sharpen the knowledge of his field and update his skills through literature review, continuing medical educations programs and participation in clinical staff educational programs. Competence is really a fulcrum of the good medical practice.

E — Excellence. If all of the first four categories are fulfilled, excellence is the product. High-quality care is the bottom line. Though

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# BULLETIN
## of the Mahoning County Medical Society

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**Volume LVI** **APRIL, 1986** **Number 4**






## Editorial:

### MOTIVATIONS

The March 1986 *Bulletin* of the Mahoning County Medical Society contained the "Final Judgment", the court decision in the case against the Medical Society, in which it is stated "that the Society does not oppose competition between prepaid plans and the fee-for-service method of health care delivery". Thus the road is paved for all physicians in the Medical Society to behave as brothers and sisters in providing quality medical care to the patients of Mahoning County and its environs. We can link arms, though we be practitioners at YHA, St. E's, or Cafaro; though we be M.D.'s or D.O.'s; though we practice in traditional medicine or preferred provider organizations or health maintenance organizations. And about time —after all, it is the patient who comes first, as I know we would all agree.

But why do I have these nagging doubts, these uncomfortable feelings, these sensations of uncertainty? Is it conventional distrust between competitive members of the healing professions? Does it harken back to distaste for bureaucratic inroads on my self-employment status? As I ponder this, I think my worries center around the problem of motivations.

I practice traditional fee-for-service medicine. I have a laboratory in the office I share with two partners, an x-ray machine, an electrocardiogram machine, a Holter monitor, and suchlike. My income partially derives from the use of these technologies. Do I order a CBC, a chest x-ray, an EKG only when it is obviously appropriate? Do I consider the cost-benefit to the patient of the tests I order? I like to think so. But I worry that I may subconsciously be bending towards doing those tests that enhance my profit, not blatantly, but in blindness to what I might order in a setting of complete impartiality. And I worry that my compatriots in the community or at the hospitals are ordering tests that accrue income to themselves in an obvious and partial fashion; that self-referral for lucrative procedures may be prevalent to a greater degree than anyone would like to talk about.

I have good friends in the health maintenance organizations. But I wonder about the doctor-patient interactions in that setting, knowing my friends to be excellent caring and sensitive physicians. What is their relationship

## From the Desk of the President

(Continued from Page 90)

excellence seems like a destination, it is really an attitude that keeps us on the course during the journey.

We, as a society, are concerned with high-quality care; we always have and it seems safe to say, despite changing times, we always will.

What has been said in this presidential note is not novel or brilliant. Yet, if the P.E.A.C.E. principles were held high by each of us and by insurance carriers, would we need the weight reduction programs now being forced upon us?

Richard A. Memo, M.D.

## Editorial:

(Continued from Page 91)

like, when patients are assigned a doctor, or pick one from a list of those available? Does it change one's practice knowing that the patient is seeing you because he or she was assigned to you, rather than sought you out? As an employee in a corporation of many employees whose management worries most about profits and income, will a physician unconsciously or consciously alter his or her handling of patients to emphasize that top priority? Will fewer tests, procedures, and referrals result, perhaps to the patient's benefit, or perhaps to their detriment? When patients pay one standard premium or have it paid for them as a contract benefit, will they approach the doctor in the same fashion they would if they lacked it, will they appreciate extra services rendered, and conversely will this affect the doctor's motivations, making them feel less appreciated, less likely to give the little extra? And when two physiicans in that organization are paid the same, but one delivers more in the way of effort put out, sees more and "harder" patients accordingly, does that affect the practice of quality care?

There is an organization in town that pays primary-care physicians to see patients not of their choosing at a fixed rate. Out of a pool of money paid by employers of these patients, any extra at the end of the year is returned to those physicians. But that pool is drained by any and all tests or referrals that the physician makes. I worry in this setting, where there is a direct and explicit disincentive to not doing anything for the patient except a perfunctory office visit exam, that the physician's good intentions will be quickly diverted to a prime consideration of the bottom line rather than what is beneficial for the patient. Cost containment based purely on the doctor's balance sheet reeks of subjectivity of judgment, loss of a quality patient-physician interaction, and again makes one stop and ask what is the motivation in caring for people. Knowing that you will be dropped from the group if you order tests, procedures, or referrals in excess of what is "permitted" and that you will invoke the displeasure of your peers in dropping their incomes as well, are powerful motivating factors to do as little as possible for a patient, which has to be detrimental.

Obviously these opinions are my own, as an individual, and do not reflect those of the Society as a whole. But since we are all in this together primarily for the betterment of our clientele, and since we have all the same basic role of caring for and improving the lot of the people who have entrusted themselves to us, and since undoubtedly we all face greater struggles ahead in surviving as doctors in our changing society, it behooves us to occasionally stop and introspect, to question our motivations and goals, and to remember that we are in this to help our patients first and last.

Emil S. Dickstein, M.D.

# PROCEEDINGS OF COUNCIL
## March 11, 1986

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, March 11, 1986 at the Youngstown Club.

The meeting was called to order by Dr. Memo at 7:35 p.m. The minutes of the February meeting of Council, having been read, were approved.

The treasurer's report included a monthly bill list, a note that 326 members have paid 1986 dues and 68% of them are AMA members, and an accounting of dues receipts and extra income to date. A motion was made, seconded and passed to pay each and every bill.

The following applications for membership were presented:

| | | |
|---|---|---|
| ASSOCIATE: | Robert J. Brocker, Jr., M.D. | Mark D. Miller, M.D. |
| | Ronald England, M.D. | John R. Jakubek, M.D. |
| | James D. Beard, D.O. | Tejdeep Singh, M.D. |

The applications were approved and the applicants will become members of the Mahoning County Medical Society in the voted category 15 days after the printing of the names in the minutes of the March meeting of the Council that are mailed to all members, unless an objection is received in writing by the executive director before that effective date.

COMMUNICATIONS:

OSMA acknowledgement of resolutions presented for consideration at the annual meeting of the House of Delegates;

A notice about the WIC Program for women, infants and children that solicited referrals from physicians of patients to the program;

A letter of resignation from Dr. John C. Melnick, relinquishing his post as delegate to OSMA House of Delegates and a member of the Society council. The resignation was accepted and a list of eligible replacements is to be presented to the Council at the April meeting;

A communication delineating the charges levied by a podiatrist that one of the Society members feels are exorbitant and a reflection on the medical community;

Request from OSMA for a determination of appropriateness of CPR training and availability for safety forces in the area;

Notice of OSMA project to institute a state-wide physician fee review mechanism and a request for Council consensus regarding the proposal for such a mechanism. The Council members agreed to the concept and participation if the concept becomes reality.

COMMITTEE REPORTS

Dr. Memo reported he will establish a liaison with the Federal legislators as part of the liaison project. Dr. Carter reported his contact with the American Cancer Society and delineated three areas of its concern. Dr. Pichette related initial contact with a Senior Ciizens organization and requested that retired physicians join iwth him in bceoming active in some of the Senior's groups in order to provide physician impact within the groups.

The Media Training Seminar committee reported 11 persons signed up for the session to be held March 22 from 1 to 4 p.m. at St. Elizabeth Hospital. The Society office is coordinating the session with the OSMA Communications Department.

Dr. Memo reported extensively on the Leadership Conference in Chicago in February and noted the scope of the information covered practice patterns as projected for the future; legislation that is impacting on medicine, particularly the Gramm-Rudman-Hollings Act; efforts being taken to anticipate a crisis in the liability insurance field; ways to generate interest at the society, state and national level of membership; and a look at the attitudes impacting on the practice of medicine.

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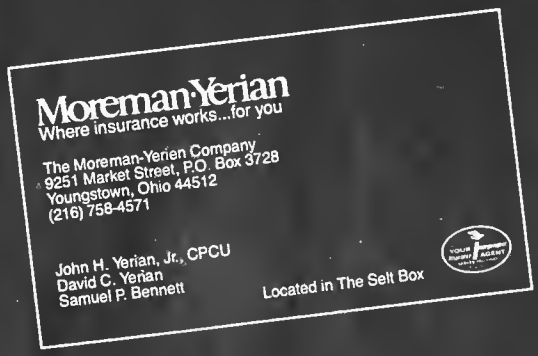
# CALLING CARD —

## MEDICAL PROFESSIONAL LIABILITY INSURANCE.

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Sixth District OSMA Councilor Dr. Anderson reported on the State Council meeting he recently attended. He noted the State Medical Board legislation will probably pass and that members of OSMA's legislative department, plus others, spent a lot of time and effort to keep the bill from being unbalanced. He stated there will be nurse practice act approved but it will contain needed items such as spelling out 'supervision' and eliminating nurses' right to prescribe drugs. He announced there will be a meeting of the presidents and vice presidents or presidents-elect and execs from the four counties of the 6th District, along with reps from OSMA in Canton on April 2. He also noted the Sixth District Caucus is being held April 23 and all officers, delegates and alternate delegates should make every effort to attend.

The president announced that Dr. Y. T. Chiu has agreed to be chairman of the mini-internship project.

A resolution from OSMA establishing a full-time director and two assistants to administer the Impaired Physician program on the State level was presented for consideration by Council. No action was taken until there is further clarification of the functions to be underwritten by the proposed $23 per year assessment against OSMA members.

Dr. Memo presented a proposal for a physician/patient panel to be used as a sounding board to ascertain public attitudes concerning physicians. The physicians selected for the panel will choose three to five of their patients to participate in the hope of fomenting a meaningful and mutually beneficial dialogue.

The meeting was adjourned at 9:13 p.m.

Robert B. Blake
*Executive Director*

# HAPPY BIRTHDAY

**Get your annual check-up • Is it time to renew your driver's license?**

**April 16**
F. W. Dunlea
P. B. Giber

**April 17**
J. P. Ambrose
S. Harikrishnan

**April 18**
V. L. Goodwin

**April 19**
C. C. Wales
K. F. Wieneke

**April 21**
M. E. Conti

**April 22**
B. M. Brandmiller
W. D. McElroy
J. A. Rogers
K. J. Carter

**April 23**
A. A. Detesco
Y. Jung
F. E. Shaw
S. Zlotnick

**April 24**
B. P. Brucoli
A. C. Nalluri

**April 25**
M. J. Vuksta
A. Blecher

**April 26**
A. T. Laird

**April 27**
W. P. Sutherland

**April 28**
S. G. Patton, Jr.

**April 30**
R. V. Krishnan

**May 3**
G. A. Grajo
C. Waltner
M. Uram

**May 4**
M. Karmindro

**May 5**
T. P. Fogarty

**May 6**
D. M. Goldsmith
J. A. Hyland

**May 9**
G. E. DeCicco

**May 10**
A. G. Tunanidas

**May 12**
H. S. Banninga
P. A. Rosman

**May 13**
R. A. Bacani
E. R. McNeal

**May 14**
C. M. Kohlí
W. E. Sovik

**May 15**
K. R. Prasad

**May 17**
C. C. White

**May 18**
L. M. Deppish
A. A. Franco
S. F. Gaylord
C. S. Shah

**May 20**
T. F. Barrett

**May 23**
W. J. Cleary
J. W. Tandatnick

**May 24**
A. Calder
J. J. Wasilko

**May 27**
G. B. Pugh
M. D. Miller

**May 28**
C. H. McGowen
U. Sethi

**May 29**
J. J. Enyeart

**May 30**
H. L. Allen

**June 1**
A. Rashid
F. A. Koenig

**June 2**
J. R. Jakubek

**June 4**
R. D. Arnott
J. Schreiber

**June 5**
A. M. Roseblum
G. L. River
N. S. Natividad

**June 6**
E. R. Brody
R. Cossette
V. J. Gilchrist

**June 8**
A. DiDomenico
E. R. Ebie
S. K. Mishr

**June 9**
K. C. Kunin
J. Noll
M. F. Sheridan

**June 10**
R. W. Parry
J. P. Shah

**June 11**
A. S. Soriano

**June 12**
J. H. O. Bleacher
T. S. Bal
K. T. Oh
R. England

**June 13**
J. G. Guju
R. L. Jenkins, Jr.
F. A. Resch

**June 14**
R. R. Fisher
R. G. Spratt

**June 15**
U. H. Boening
A. R. Cukerbaum
T. Sripan

## JAMA HAS PIECE ABOUT DR. KENDALL

A very fine comment about his father, Dr. Milton Kendall, was submitted by his son to the Journal of the American Medical Association and printed in the March 7, 1986 edition of JAMA. The son, Rabbi Jonathan P. Kendall, resides in Santa Barbara, California.

# ITEMS

## *From the Exec's Desk*

ROBERT B. BLAKE, Executive Director

What started out as a disaster when the speaker from Boston cancelled out at the last minute for the March 18 meeting of the Society, ended up being a triumph as Dr. Joseph A. Golish of the Cleveland Clinic Foundation ably stepped in as a substitute.

Dr. Golish, a pulmonary medicine specialist, spoke on "Recent Advancements in Management of Chronic Obstructive Pulmonary Disease."

A small but very interested audience heard Dr. Golish relate how formerly totally disabled pulmonary patients have been enabled to lead near-normal lives by the use of recent developments in the delivery of oxygen directly into the lungs.

Appearing under the auspices of Geigy Pharmaceuticals but with no alluding to the firm's products, Dr. Golish used slides and anecdotal material to inform the audience of recent strides in management of C.O.P.D. A lively question and answer period followed the 35-minute slide presentation.

Particular appreciation was expressed by Dr. Richard Memo, Society president, to John Daubenspeck, Geigy Representative, for the able way the speaker situation was handled.

Prior to the program, Dr. Memo informed the members of recent developments in the legislation relating to the Ohio State Medical Board.

* * * * * *

Physicians are becoming more aware of the need for good patient relationships in order to keep their appointment schedules full. Two Washington obstetricians apparently are going all out. One sends a bouquet of flowers to each mother after a delivery. The other has a hand-painted new baby bed delivered to the newborn's home. Each bed carries the message "Special Delivery From Doctor . . . ."

* * * * * *

Quote of the Month:

"My heretical view is that patient care, contrary to conventional wisdom and despite its trappings of science, is frequently not scientific, and that practitioners spend much of their time dealing with uncertainty. Many of the decisions that physicians make on behalf of their patients . . . have no scientific basis. I'm talking about situations in which insight and empathy are important, in which human value systems are involved . . . factors that constitute the art of medicine and that cannot be measured in millimoles or subjected to chi square analysis."

William Campbell Feich
Editor of The Internist

* * * * * *

The National Consumers League recently identified health care costs as the organization's top priority action item. However, *Medical Economics* reports that a survey of NCL members indicates that costs have little effect on where an individual goes to obtain medical/health care. Less than 15 percent of those surveyed obtained their care from HMOs and fewer than one in five said they ever selected a physician on the basis of fees.

# From the Bulletin

## FIFTY YEARS AGO — APRIL 1936

President Coe invited the members' attention to the prevention of diptheria, noting that there was a yearly incidence of 138 cases with 16 deaths from the disease. He urged the members to get behind Elmer Nagel's Public Health Committee which was promoting pre-school immunizations.

Dr. Dave Smeltzer warned Council that if the *Bulletin* were sued, each member of the Society would be liable. He was authorized to proceed to incorporate the *Bulletin*.

Dr. Elmer Wenaas and R. W. Rummell were elected members of the Society. Dr. Sidney McCurdy was appointed Medical Director of the Ohio Industrial Commission.

St. Elizabeth's Hospital reported 152 average patients per day, 2,220 operations for the year and 578 deliveries.

You could get Mrs. Heberding's pure Holstein milk delivered to your door for 10 cents a quart. McKelvey's had the New Ghillie plaid shirts for men at $2.00 each.

## FORTY YEARS AGO — APRIL 1946

President Reilly reported that our Legislative Committee was making progress in its work for a full time Health Commissioner for Youngstown.

The "Five Day cure" for Syphilis was the latest thing. Dr. P. J. McOwen in his article on "Treatment of Syphilis" described the "Five Day Drip Method" and the "Multiple Injections by Syringe Technique" both them providing massive doses of Mapharsen in a short time for the rapid cure for Syphilis. He noted that the mortality rate in one treatment center was 1 to 200 which was very high. He said penicillin therapy was rapidly replacing arsenicals, the first choice in treatment.

Service records of Lt. Col. Stephen Ondash, Major Sidney Davidow, Commander Alfred Cukerbaum were reported. Ondash had 5 battle stars, the Legion of Merit, Bronze Star Medal with Oak Leaf Cluster and Meritorious Unit Award. Davidow was in the invasion of Attu in 1943 and the Battle of the Bulge in 1944. Cukerbaum served in New Zealand and the Hebrides, 46 months in the Navy.

Government restrictions on the use of penicillin had been lifted, but doctors were warned about its indiscriminate use. One or two cases of unpleasant reaction following penicillin injections had been reported.

## THIRTY YEARS AGO — APRIL 1956

President DeCicco wrote a fine article regarding Dr. Wm. Skipp who died in March. Dr. Skipp was a former President of the Medical Society, the Medical-Dental Bureau and was the second Mahoning County member to be President of the Ohio State Medical Association. He was a bundle of energy and at the time of death was Ohio Delegate to the A.M.A. Another well-loved member passed away that month. Dr. George C. Warnock, father of Dr. Robert Warnock, was a beloved family practitioner for many years. He was always kind, cheerful and courteous. In his later years he was disabled by Ankylosing arthritis, but he never uttered a word of complaint to his friends.

## TWENTY YEARS AGO — APRIL 1966

Medicare was scheduled to start July first. There was voluble discussion in the staff rooms, in the Committee meetings and in the *Bulletin* about what we should do about it. To hear some doctors talk, we would be practicing in clanking chains and be scourged to our dungeons at nightfall. Thanks to

the efforts of the A.M.A. we were given a choice of assignment (participation) or non-assignment (non-participation).

New members that month were: Karl T. Baumgaertel, James R. Hill and Vincent T. Wrobel.

### TEN YEARS AGO — APRIL 1976

After ten years of Medicare, the members had managed to survive and to cope with such things as Medicare rules, fee schedules and peer review. Editor Jim Lambert felt that peer review was something that we should be doing anyway, and if we did it on all patients and all staff members, then the information the government wants could be easily extracted.

The scholarship dinner was held April 8 at the Ramada Inn. Chairman for the affair was Dr. Robert Barton and speaker was Dr. Leonard P. Caccamo. Dr. Caccamo presented each scholar with a certificate and Dr. Bill Sovik gave each scholar an emblematic scholarship pin.

Robert R. Fisher, M.D.



## Classified Advertising

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**NOTICE**

Limited space available in new medical office building on Parmalee Avenue. Suites will be completed to tenant's specifications. Occupancy scheduled for October / November 1984. Contact Dr. Pesa/Gilliland/Kohli, if interested. Stf.

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**• CONDO FOR SALE •**

5 year old, attractive, 2 bedroom condo for sale in residential area behind Austintown Plaza. Private driveway, Air conditioning. Oak kitchen. 1½ baths. Upper 40's. 793-7924, 799-7920.


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**Telephone Answering:**

*Oriented specifically to the needs of the Medical Community. Numerous different line services available to suit each office requirement.*

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*Tailored to collect past due patient accounts. Each account evaluated individually to collect the maximum amount of dollars. Fee contingent on what we collect.*

These two Service Divisions offer the best quality to price value in the tri-county area. Your involvement with the Bureau will further enhance an already efficient organization to continue its dedicated service.

For complete details please telephone your

# Medical-Dental Bureau, Inc.

901 Home Savings & Loan Bldg.
275 Federal Plaza West
Youngstown, Ohio 44503

**(216) 744-4040**

Judy Bloomberg, Manager